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CONFIRMATION NO. 9878

<b>SERIAL NUMBER</b> 10/593,437	<b>FILING or 371(c) DATE</b> 09/18/2006 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> PL10-003	
<b>APPLICANTS</b> David Peter Shaw, Christchurch, NEW ZEALAND; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/NZ05/00050 03/18/2005 <b>** FOREIGN APPLICATIONS *****</b> NEW ZEALAND 531829 03/18/2004 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 06/01/2007					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /MICHAEL JOSEPH D ABREU/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance MD Initials	<b>STATE OR COUNTRY</b> NEW ZEALAND	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> WELLS ST. JOHN P.S. 601 W. FIRST AVENUE, SUITE 1300 SPOKANE, WA 99201 UNITED STATES					
<b>TITLE</b> Method and Apparatus for the Treatment of Sleep Apnea and Snoring					
<b>FILING FEE RECEIVED</b> 730	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		